

## UNITED STATES DISTRICT COURT

District of

MASSACHUSETTS DISTRICT OF MASS.

JOHN F. RICHARDS  
Plaintiff

V.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVITMASS. DEPT. OF CORRECTIONS  
ET AL,  
Defendants

CASE NUMBER:

I, JOHN F. RICHARDS

 petitioner/plaintiff  otherdeclare that I am the (check appropriate box)  
in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs  
under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the  
relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?

 Yes No

(If "No," go to Part 2)

MASSACHUSETTS CORRECTIONAL FACILITY

Are you employed at the institution? NO MASSACHUSETTS CORRECTIONAL FACILITYAre you employed at the institution? NO

MCI-SHIRLEY (MEDIUM), SHIRLEY, MASSACHUSETTS

Do you receive any payment from the NO  
Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?

 Yes Noa. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the  
name and address of your employer.b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or  
wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment
- b. Rent payments, interest or dividends
- c. Pensions, annuities or life insurance payments
- d. Disability or workers compensation payments
- e. Gifts or inheritances
- f. Any other sources

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state  
the amount received and what you expect you will continue to receive.

## UNITED STATES DISTRICT COURT

12:30

District of

MASSACHUSETTS DISTRICT OF MASS.

JOHN F. RICHARDS  
PlaintiffAPPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

V.

MASS. DEPT. OF CORRECTIONS  
ET AL,  
Defendants

CASE NUMBER:

I, JOHN F. RICHARDS

declare that I am the (check appropriate box)

 petitioner/plaintiff/motion other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Part 2)  
 MASSACHUSETTS CORRECTIONAL FACILITY  
 If "Yes," state the place of your incarceration MCI-SHIRLEY (MEDIUM), SHIRLEY, MASSACHUSETTS

Are you employed at the institution? NO Do you receive any payment from the NO  
 Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.